

**Department of Civil Service
Employee Benefits Division
FY 2004-2005 VISION INSURANCE PREMIUM RATES
(Effective October 10, 2004)**

PLAN NAME/CODE	Option *2	BIWEEKLY			ANNUAL			BIWEEKLY		ANNUAL		MONTHLY (CGIS)	
		Employee	State	Total	Employee	State	Total	Part time employees		Part time employees		Leave/LO	
								Employee	State	Employee	State	Leave/LO	COBRA
VBW0 State Vision Plan	1	\$ -	\$ 2.65	\$ 2.65	\$ -	\$ 68.78	\$ 68.78	\$ 1.32	\$ 1.32	\$ 34.32	\$ 64.32	\$ 5.74	\$ 5.85
(State pays 100%)	2	\$ -	\$ 4.65	\$ 4.65	\$ -	\$ 120.84	\$ 120.84	\$ 2.32	\$ 2.32	\$ 60.32	\$ 60.32	\$ 10.08	\$ 10.28
	3	\$ -	\$ 5.68	\$ 5.68	\$ -	\$ 147.60	\$ 147.60	\$ 2.84	\$ 2.84	\$ 73.84	\$ 73.84	\$ 12.31	\$ 12.55
	4	\$ -	\$ 7.69	\$ 7.69	\$ -	\$ 200.03	\$ 200.03	\$ 3.85	\$ 3.85	\$ 100.10	\$ 100.10	\$ 16.66	\$ 16.99
V3ZN Decline Vision Ins. *5	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

Note: Except where indicated , State pays 100% of health premiums for bargaining unit T01.

*2 Health, Dental and Vision option codes are 1= Employee only coverage, 2= Employee & Spouse, 3= Employee & Child(ren), 4= Full Family

*5 Decline insurance code H3 & V3 for employee who had coverage through a State employee or retiree spouse. No rebate is available.